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PTO/SB/17 (06-07)
Approved for use through 06/30/2007. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL						<i>plete if Known</i> 10/089,846-Conf. #5250			
						June 6, 2002			
				First Named Inventor John		ohn CARTER	nn CARTER		
For FY 2007						F. I. Choi			
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1616		616	6		
TOTAL AMOUNT OF PAYMENT (\$) 525.00			Attorney Docket No. 3920-0110P				·		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the abo	ove-identified depo	sit account, the D	Director is	hereby authorize	ed to: (check	all that apply)			
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULA	TION								
1. BASIC FILING,			ES						
	FII	LING FEES	SE	ARCH FEES	EXAMIN	ATION FEES			
Application Type	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80		,	
Reissue	300	150	500	250	600	300			
Provisional	200	100	.0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025									
Each independent claim over 3 (including Reissues) 200 100									
Multiple dependen	t claims						360	180	
Total Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)	Multiple Dependent Claims				
Indep. Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)				-	
55	= >								
HP = highest number	of independent claims	paid for, if greater tha	an 3.						
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
<u>Total Sheets</u>	Extra Sheet						<u>ree r</u>	aid (\$)	
- 100 = /50 = (round up to a whole number) x = =									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2252 Extension for response within third month \$525.00									
SUBMITTED BY	0//	· · · · · · · · · · · · · · · · · · ·	•			**			
Signature	Xustle	<u> </u>		Registration No. (Attorney/Agent)	28,808	Telephone	(703) 205	-8000	
Name (Prim/Type) Jarges W. Hellwege					-	Date	March 24	, 2008	
<u> </u>	\leftarrow			-		<u> </u>			



PTO/SB/22 (04-07)
Approved for use through 09/30/2007. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 3 FY 2006	Docket Number (Optional)								
(Fees pursuant to the Consolidated Appropriations Act,	3920-0110P								
Application Number 10/089,846-Conf.	Filed June 6, 2002								
For PHARMACEUTICAL COMPOSITIONS AND THEIR USE IN THE TREATMENT OF NEOPLASTIC DISEASE									
Art Unit 1616		Examiner	F. I. Choi						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
	<u>Fee</u>	Small Entity Fee	_						
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$						
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$						
x Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 525.00						
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$						
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$						
× Applicant claims small entity status. See 37 CFR 1.27.									
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.									
Deposit Account Number 02-2446	Thave encic	sed a duplicate copy	y or this sheet.						
I am the applicant/inventor.			,						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
attorney or agent of record. R	egistration Number	28,808							
attorney or agent under 37 CF	R 1.34.		:						
Registration number if acting under 37 CFR 1.34									
Xudliz	3/24/08								
Signature	Date								
James W. Hellwege	(703) 205-8000								
Typed or printed name Telephone Number									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of forms are submitted.									

03/25/2008 DEMMANU1 00000012 10089846

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